PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 23 AM 10:53

DOCUMENT # N98000001508

1. Corporation Name

HAWKINS COVE OWNERS ASSOCIATION, INC.

2. Principal Office Address	**3.** Mailing Office Address
11217 SAN JOSE BLVD	P O BOX 1987
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL.	City & State: YULEE, FL.
Zip: 32223 Country: DUVAL	Zip: 32041-1987 Country: NASSAU

04-22-98 900077 022 $61.25

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-3564881 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: TERRELL J. POWELL

100003383712--9
-09/06/00--01081--006
*****61.25 *****61.25

Street Address (P.O. Box Number is Not Acceptable): 2215 state road 200 E

Suite, Apt. #, Etc.:

City: YULEE State: FL Zip Code: 32097

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: X Terrell J. Powell (REGISTERED AGENT MUST SIGN) Date: 8.9.00

CR2E081 (9/99)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	JOHNS, KENNETH L., JR	11217 SAN JOSE BLVD.	JACKSONVILLE, FL. 32223
VD	ZAKOSKE, JOHN E	11217 SAN JOSE BLVD.	JACKSONVILLE, FL. 32223
SD	ARNOLD, CHARLES W. III	11217 SAN JOSE BLVD.	JACKSONVILLE, FL. 32223

$61.25

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Kenneth L. Johns Jr. 8-16-2000 904 268-2845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AUGUST 18, 2000

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P O BOX 1500
TALLAHASSEE, FL 32302-1500

RE: HAWKINS COVE OWNERS ASSOCIATION, INC. #N98000001508

TO WHOM IT MAY CONCERN:

August 3, 2000 I spoke with someone in your office to find out where the Corporate Annual Report was mailed because we had none to file. I was informed it had been dissolved 9/24/99., the reason being That it was returned for registered agent's signature. We did not get any information regarding this oversight.

The check in the amount of $61.25 dated 4/16/99 was cashed and cleared our bank on 4/28/99. I was Advised to request a reinstatement form and to write this letter requesting the late fees be waived. Your customer service representative told me to include a check for this year in the amount of $61.25 For the year 2000. That check is enclosed with reinstatement application.

I appreciate your consideration on this request. Please call me at 904-225-9070 if you have any questions.

Sincerely,

Fran Harlow

Fran Harlow, Bookkeeper
PROPERTY MANAGEMENT SERVICES, INC.
FOR HAWKINS COVE OWNERS ASSOCIATION, INC.

Enclosure-2